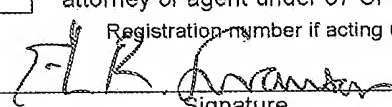


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br>20793/0204537-USO |              |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
|---|------------|---|--------------|--|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|--------------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number                      10/570,645-Conf. #2983  |            | Filed                      March 3, 2006      |              |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| For     RASTER MICROSCOPE   |            |   |              |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit            2872  |            | Examiner            A. C. Lavarias            |              |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$    490.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number    04-0100 .</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the    <input type="checkbox"/> applicant/inventor.</p> <p>                 <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>   Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p>                 <input checked="" type="checkbox"/> attorney or agent of record. Registration Number    40,833</p> <p>                 <input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p>                 Registration number if acting under 37 CFR 1.34    _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p style="text-align: center;"><br/>_____<br/>Signature</p> <p style="text-align: center;">Erik R. Swanson<br/>_____<br/>Typed or printed name</p> </div> <div style="width: 35%; text-align: center;"> <p>December 2, 2008<br/>_____<br/>Date</p> <p>(212) 527-7700<br/>_____<br/>Telephone Number</p> </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input type="checkbox"/> Total of    1    forms are submitted.</p> |            |   |              |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$    490.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                       |              |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65  | \$ _____     |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490      | \$245   | \$    490.00 |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555   | \$ _____     |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865   | \$ _____     |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175  | \$ _____     |  |            |                         |  |  |       |      |          |  |       |       |              |   |        |       |          |  |        |       |          |  |        |        |          |